

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

ADDRESS (number and street)

PO Box 77492 -- Capitol Hill

☐Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00389882

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert D. Kampia

Signature of Treasurer

Electronically Filed by Robert D. Kampia

Date

07

22

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	27555.77
(b) Cash on Hand at Beginning of Reporting Period	27555.77	
(c) Total Receipts (from Line 19)	4535.00	4535.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32090.77	32090.77
7. Total Disbursements (from Line 31)	20870.00	20870.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11220.77	11220.77
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	10000.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	880.00	880.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3655.00	3655.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	4535.00	4535.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	4535.00	4535.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4535.00	4535.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4535.00	4535.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	-2000.00	-2000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6370.00	6370.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	10000.00	10000.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	6500.00	6500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20870.00	20870.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20870.00	20870.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4535.00	4535.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4535.00	4535.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

James H Cook

Mailing Address 43 Musconetcong River Rd

City

Hampton

State

NJ

Zip Code

08827-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Consulting

Receipt For:

2011

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.11578

Amount of Each Receipt this Period

120.00

78500634_MMXXXPXXXXX_PAC

B.

Full Name (Last, First, Middle Initial)

James H Cook

Mailing Address 43 Musconetcong River Rd

City

Hampton

State

NJ

Zip Code

08827-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Consulting

Receipt For:

2011

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.11364

Amount of Each Receipt this Period

120.00

78500634_MMXXXPXXXXX_PAC

C.

Full Name (Last, First, Middle Initial)

James H Cook

Mailing Address 43 Musconetcong River Rd

City

Hampton

State

NJ

Zip Code

08827-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Consulting

Receipt For:

2011

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.11429

Amount of Each Receipt this Period

120.00

78500634_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

James H Cook

Mailing Address 43 Musconetcong River Rd

City

Hampton

State

NJ

Zip Code

08827-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Consulting

Receipt For: 2011

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.11467

Amount of Each Receipt this Period

120.00

78500634_MMXXXPXXXXX_PAC

B.

Full Name (Last, First, Middle Initial)

James H Cook

Mailing Address 43 Musconetcong River Rd

City

Hampton

State

NJ

Zip Code

08827-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Consulting

Receipt For: 2011

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.11526

Amount of Each Receipt this Period

120.00

78500634_MMXXXPXXXXX_PAC

C.

Full Name (Last, First, Middle Initial)

Michael Newman

Mailing Address 27141 Lerma

City

Mission Viejo

State

CA

Zip Code

92691-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
hearing instrument specialist

Receipt For: 2011

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.11451

Amount of Each Receipt this Period

50.00

78506615_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Michael Newman

Mailing Address 27141 Lerma

City

Mission Viejo

State

CA

Zip Code

92691-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

hearing instrument specialist

Receipt For: 2011

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Transaction ID: SA11AI.11497

Amount of Each Receipt this Period

50.00

78506615_MMXXXPXXXXX_PAC

B.

Full Name (Last, First, Middle Initial)

William M Waring

Mailing Address 152 Berrywood Dr

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Consulting

Receipt For: 2011

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	1

Transaction ID: SA11AI.11411

Amount of Each Receipt this Period

60.00

78556370_MMXXXPXXXXX_PAC

C.

Full Name (Last, First, Middle Initial)

William M Waring

Mailing Address 152 Berrywood Dr

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Consulting

Receipt For: 2011

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	1

Transaction ID: SA11AI.11458

Amount of Each Receipt this Period

60.00

78556370_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

William M Waring

Mailing Address 152 Berrywood Dr

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Consulting

Receipt For: 2011

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Transaction ID: SA11AI.11504

Amount of Each Receipt this Period

60.00

78556370_MMXXXPXXXXX_PAC

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

880.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 20

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
Contribution of 10/28/08 was never accepted

011

Candidate Name
INDIANA DEMOCRATIC CONGRESSIONAL VICTORY COMMITTEE

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.11610

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
Contribution of 10/28/08 was never accepted

Category/
Type

Candidate Name
ARIZONA STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.11611

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-2000.00

TOTAL This Period (last page this line number only)

-2000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 20

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

UDALL FOR COLORADO INC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB23.11590

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Roger Goodman for Congress

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB23.11597

Date of Disbursement

02 / 09 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Citizens for Harkin

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2012

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB23.11592

Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC Mailing Address PO Box 77492 -- Capitol Hill	Transaction ID: SB23.11587 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20013 Purpose of Disbursement Candidate Name Nadler for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 08	Amount of Each Disbursement this Period <div>1000.00</div> <div>011 Category/ Type</div>
B. Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC Mailing Address PO Box 77492 -- Capitol Hill	Transaction ID: SB23.11599 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20013 Purpose of Disbursement Candidate Name Roger Goodman for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>5000.00</div> <div>011 Category/ Type</div>
C. Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC Mailing Address PO Box 77492 -- Capitol Hill	Transaction ID: SB23.11600 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20013 Purpose of Disbursement Candidate Name Green Mountain PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1000.00</div> <div>011 Category/ Type</div>

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
WashingtonState
DCZip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

COMMITTEE TO RE-ELECT LINDA SANCHEZ

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 39

Transaction ID: SB23.11586

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
WashingtonState
DCZip Code
20013

Purpose of Disbursement

Contribution of 3/28/08 was never accepted

Candidate Name

MCNERNEY FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: SB23.11612

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Amount of Each Disbursement this Period

-30.00

C.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
WashingtonState
DCZip Code
20013

Purpose of Disbursement

Contribution of 10/28/08 was never accepted

Candidate Name

PAUL BROUN COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.11613

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

470.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution of 3/3/10 was never accepted

Candidate Name
LEAHY FOR U.S. SENATOR COMMITTEE

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: VT District: 00

Transaction ID: SB23.11615

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution of 11/1/06 was never accepted

Candidate Name
Dan Burton for Congress

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.11617

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution of 11/1/06 was never accepted

Candidate Name
ROBERT WEXLER FOR CONGRESS COMMITTEE

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.11618

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional)

-2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC Mailing Address PO Box 77492 -- Capitol Hill	Transaction ID: SB23.11619 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	1	1													
City Washington State DC Zip Code 20013 Purpose of Disbursement Contribution of 1/31/07 was never accepted Candidate Name ALAN MOLLOHAN FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 01	Amount of Each Disbursement this Period <table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																				
-1000.00																						
B. Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC Mailing Address PO Box 77492 -- Capitol Hill City Washington State DC Zip Code 20013 Purpose of Disbursement Contribution of 3/29/07 was never accepted Candidate Name CIRO D. RODRIGUEZ FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23	Transaction ID: SB23.11620 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>-1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1	-1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	1	1													
-1000.00																						
C. Full Name (Last, First, Middle Initial) Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC Mailing Address PO Box 77492 -- Capitol Hill City Washington State DC Zip Code 20013 Purpose of Disbursement Contribution of 4/19/07 was never accepted Candidate Name HILLARY CLINTON FOR PRESIDENT EXPLORATORY COMMITTEE INC. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB23.11621 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>-100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1	-100.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	1	1													
-100.00																						

SUBTOTAL of Disbursements This Page (optional)

-2100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
Contribution of 12/18/07 was never accepted

Candidate Name
HODES, PAUL W

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.11622

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
Contribution of 12/18/07 was never accepted

Candidate Name
DEMOCRATIC FRESHMEN PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.11623

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

-3500.00

TOTAL This Period (last page this line number only)

6370.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement

Candidate Name

Marijuana Policy Project Foundation

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB27.11629

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	1

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
WashingtonState
DCZip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doug Linkhart for Mayor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2011

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.11601

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	1	1

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
WashingtonState
DCZip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shumlin for Governor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.11595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
WashingtonState
DCZip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Romer for Mayor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2011

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.11598

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Marijuana Policy Project Medical Marijuana PAC or MPP
Medical Marijuana PAC

Mailing Address PO Box 77492 -- Capitol Hill

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement

Candidate Name
Shumlin for Governor

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB29.11596

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

6500.00

SCHEDULE C (FEC Form 3X)Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Transaction ID: SC/9.11629

LOAN SOURCE Full Name (Last, First, Middle Initial)
Marijuana Policy Project Medical Marijuana PAC
or MPP Medical Marijuana PAC

Election:

- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address PO Box 77492 -- Capitol Hill

City Washington State DC ZIP Code 20013

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
2 0Y Y Y Y
2 0 1 1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.